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AUTHOR McWilliam, John; Uche, Chukwudum  
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## ABSTRACT

This review of Nigerian population and family planning surveys is the first in a series intended to assist social scientists and program personnel in identifying research that can be used in program planning. Twenty-five studies have been selected from a comprehensive bibliography on population and family planning in Nigeria. The selection was based on three criteria - coverage of research topics, validity of scientific approach, and practical implications. The types of survey under review, some of the problems encountered in the search for information and the methodologies adopted for national, urban and rural and other types of survey are described. An analysis of findings related to specific population and family planning topics is followed by some recommendations. Much of this information is also presented in tabular form, enabling the reader to identify surveys according to methodology and content. The opinions expressed are those of the authors. A background to the review is provided by notes on the historical development and financing of research in Nigeria, with lists of recent research topics and the researchers involved. (Author/RH)

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# NIGERIA

## SELECTED STUDIES

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NIGERIA: SELECTED STUDIES

Social Science Research for Population  
and Family Planning Policies and Programme

by

John McWilliam  
Ahmadu Bello University 1972-74

and

Chukwudum Uche  
University of Ife

Evaluation & Social Sciences Department  
International Planned Parenthood Federation  
18-20 Lower Regent Street, London SW1Y 4PW

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## FOREWORD

In principle, family planning programmes aimed at changing attitudes and practice should be firmly based on knowledge of social values and norms affecting fertility behaviour. Awareness of local customs and life style may decisively influence programmes for the provision of contraceptive services, education and information and also the selection of personnel to carry out these activities.

Anthropological, sociological and demographic studies are the main source for such information. In practice however private family planning programmes do not draw upon social science research to any great extent. Financial and manpower resources are limited; universities and academic institutions are regarded as the proper agencies for scientific studies. Moreover the results of research often seem too theoretical, or too obvious, or too late to be used for programme purposes. Findings which would be of recognizable value to family planning administrators are often under-utilized because they are inaccessible outside the research agency. When information is accessible, problems arise in identifying the most profitable lines of enquiry for guidance in planning or as a baseline for further studies. Collation of useful findings from a wide range of material becomes a research project itself. Utilization of social science research may then require substantial outlay of funds and manpower.

This review of Nigerian population and family planning surveys is the first in a series intended to assist local social scientists and programme personnel to identify the type of research that can be used in programme planning.

Nigeria is a large country with many complex social groupings but relatively well endowed with research institutions in which distinguished work has been carried out. It is hoped that the authors' efforts to select, describe and highlight population and family planning research will promote the utilization of academic work for purposes of programme planning and implementation.

*IPPF Evaluation & Social Sciences Department*

## INTRODUCTION

Twenty-five studies have been selected from a comprehensive bibliography on population and family planning in Nigeria. The selection was based on three criteria - coverage of research topics, validity of scientific approach and practical implications.

The types of survey under review, some of the problems encountered in the search for information and the methodologies adopted for national, urban and rural and other types of survey are described. An analysis of findings related to specific population and family planning topics is followed by some recommendations. Much of this information is also presented in tabular form, enabling the reader to identify surveys according to methodology and content. The opinions expressed are those of the authors.

A background to the review is provided by notes on the historical development and financing of research in Nigeria, with lists of recent research topics and the researchers involved.

## CHAPTER I: TYPES OF STUDY UNDER REVIEW

### (i) Fertility and demographic surveys

Studies concerned mainly with fertility or demographic indices form the largest group in this review. Nicol's study (54)\* in Northern Nigeria compared demographic data "obtained during the course of clinic and food consumption surveys carried out between 1954 and 1958" to see whether they were compatible with the 2.0 per cent per annum increase in population from the 1931 and 1952 censuses, and "to assess any effects of varying food patterns and nutrient intakes upon the fertility of these peasant farmers". (54,p.18).

This early study was followed by studies in 1964-68 in Western and Lagos States. Ohadike's fertility survey of Lagos (63-65) investigated socio-economic variables, particularly family and household factors associated with fertility. Okediji studied differential fertility in Ibadan (67-72,77) according to social background, and the reasons for any differences. Two urban studies by Olusanya, in Ibadan (74) and in Ife and Oyo (75,79-84), investigated the effect of socio-demographic variables such as education and socio-economic status on fertility attitudes and performance. He also assessed rural fertility in five villages in Western State as part of a migration study in 1967 (78,80,85).

The main demographic study of rural Nigeria however is still the Rural Demographic Sample Survey 1965-66 by the Federal Office of Statistics (55). It provided basic data on vital rates, migration, age composition, sex ratio, marital status, and household size.

\*The numbers in parenthesis refer to the bibliography of population and family planning literature found in Appendix D and the page numbers in the cited paper for specific quotations.



(ii) KAP surveys

The first KAP study was done by Daramola, Wright et.al. in 1964 (23) when they studied the socio-economic background of women and their attitudes, knowledge and practice of family planning in Lagos, including a sample of mothers attending various health clinics in Lagos and North Central State. In 1969, Caldwell and Igun (21) carried out a more extensive KAP survey to "show the geographical and chronological spread of anti-natal knowledge and practice" in urban and rural samples in four states, Lagos, Western, Kwara and Kano (21,p.67). The Institute of Population and Manpower Studies\* also undertook a four-round rural family planning evaluation study of Ishan Division, Mid-Western State (6,17,29,35), to assess changes in family planning attitudes, knowledge and practice in an area exposed to a family planning clinic and motivation campaign. The recent National Fertility, Family and Family Planning Survey of the Institute of Population and Manpower Studies of the University of Ife (1-2,26,28,30) though mainly concerned with demographic trends and fertility, could be placed in this category.

(iii) Family planning clinic studies

Family planning clinic studies differ from KAP studies in that the women interviewed have already shown their interest in family planning by attending clinics. In 1970 the Institute of Population and Manpower Studies did an extensive study of the socio-economic background of women who had attended one of thirty FPCN clinics and another on the organizational structure and operations of each clinic (2). Hartfield did a similar study of IUD acceptors and of the role of paramedical personnel at his clinics (32-33).

\*Department of Demography and Social Statistics since 1975.

(iv) Medical and abortion studies

Medical studies in fertility and family planning range from the highly technical research by Edozien and Adadevoh about the adverse metabolic effects of contraceptives (25), to research by Lesi on perinatal problems (39-40), Nylander's extensive research on fertility (56-61), and O.A. Ojo's on infertility (60). Three Lagos studies have been included in this review. In 1966 Akinla assessed the success of the IUD among acceptors at Lagos University Teaching Hospital (12); Akingba and Gbajumo (11) studied procured abortions complicated by tetanus problems; Akinla and Adadevoh (16) examined socio-medical problems of abortion.

(v) Family health projects

The research and evaluation components attached to Family Health Projects are an important new approach in family planning research in Nigeria. The first, Gbaja Family Health Nurses' Project (36,89) attempted to evaluate the child health and family planning education component of the project. The Lagos Family Health Project (47-51) was a much more ambitious undertaking. Its purpose was to obtain data for the computation of general demographic trends in Lagos, gather information from smaller studies using sub-samples, including a KAP study, and to find indicators for recognizing potential family planning clients. The most recent project of this kind, the Sokoto Family Health Project (86), has established a socio-demographic unit for research and evaluation. Its purpose is to compute vital rates for the Sokoto area and to answer major questions on how to bring adequate health and family planning services to this population.

(vi) Family sociology

Within the same area of Sokoto, Trevor (88) attempted to describe changes in family size and other family variables including family planning in a sample of Fulani-Hausa educated and uneducated women. Her study is important for its indications of methodological pitfalls in survey research.

(vii) Psychological studies

Lambo and Bakare (18-19,38) tried to identify psychological factors hindering or facilitating the use of contraception in three areas in Western State. Okediji and Ogionwo (73) evaluated a family planning film in experimental and control villages in Western State. They wanted to assess its impact as a mass-communication technique in changing attitudes, motivation and practice towards child-bearing, child-rearing and family planning, and to find out what conditions influenced the success or failure of this technique.

(viii) Employment and manpower studies

Studies under this heading are connected with the Human Resources Research Unit. Lucas (42) studied reasons for the large influx of women into Lagos, their age, ethnic and reproductive characteristics. A preliminary report, up-dating a 1966 survey to examine effects of rapid population growth rate in Lagos, is also included (34). The Unit has recently published a number of bulletins and monographs of on-going research useful in population and development planning (43,52-53).\* Table I summarizes the types of study under review.

\*The unit's publications and a complete, annotated bibliography of all population literature in Nigeria will be found in A Survey of Nigerian Population Literature compiled by John McWilliam and David Lucas, Human Resources Research Unit, University of Lagos, 1976.

## CHAPTER II: RESEARCH PLANNING AND MANAGEMENT

### (i) Project management

At present there are three major research centres in population and family planning - the Human Resources Research Unit, University of Lagos, which has concentrated on studies of Lagos and manpower research; the Institute of Population and Manpower Studies, University of Ife, which has concentrated on fertility and family planning studies; and the University of Ibadan which is involved in a variety of research projects. So far their research interests have not overlapped, but lack of communication may impede future progress. Co-operation between population research and other research units is important, but the most beneficial type of inter-university linkages must also be considered. For example, the Institute of Population and Manpower Studies was greatly delayed in data collection, analysis, and report writing for the Fertility, Family and Family Planning Survey because it enlisted the assistance of universities in other areas. Moreover the quality of field staff training, field supervision and data collection was not consistent, a factor which may limit comparability of survey areas.

### (ii) Preparation for fieldwork

Accurate sampling is a vital step in any type of research survey. In many studies probability sampling is used at the initial stage, and combined with non-probability sampling at subsequent stages. This may be unavoidable, but in some cases it seems that with little extra effort, money or planning, probability sampling could be used at all stages.

Otherwise, rural communities may be eliminated from the sample because of their inaccessibility,

while more accessible villages are substituted on a non-random basis. There are examples of studies in Lagos and Ibadan where new migrant areas seem to grow up overnight, and the housing lists, censuses, and maps used to determine the sample do not include them. Therefore, maximum care should be taken to define the limits of the population to be sampled and the method of sampling at all stages. The elimination or non-random substitution of respondents because of absence at the initial interview may cause errors. At the planning stages of the research project, the smallest sample size needed to answer the research questions within the specified bounds of probability should be computed. It seems that there is not enough consideration for the sample size appropriate to the type of analysis, or the level of prediction needed. If, for example, a sample of 1,000 is used when 500 would be adequate to answer the same research questions, time, costs and logistical problems are unnecessarily increased.

Choice and training of interviewers and supervisors greatly affect the quality of data collected. Sex, age, education level, marital status, and ethnic group should all be considered in the choice of field personnel. Specific training courses may be required to develop interviewing skills among field staff, to meet the specialized requirements of different socio-cultural situations. Interviewers should understand how data will be analysed and used, so that they will realize the importance of the information they are required to collect. Questionnaires should be translated into the languages of the samples to be interviewed. Field checks are necessary to ensure that interviews have been conscientiously and correctly carried out.

(iii) Data Processing

After fieldwork is completed, research projects in Nigeria seem to go underground until a few years later some results are published. The delay is

mainly due to the long period required, though not always foreseen, for coding and data analysis, perhaps also due to the lack of preparations for data processing until fieldwork is complete. Data analysis procedures should be drawn up in part at the time of the design of the questionnaires. In most cases this will make the researcher more selective in the information he needs.

(iv) Dissemination of results

The experience of the reviewers in collecting information about the studies under review may help to assess the dissemination process of population research results in Nigeria. The Nigerian Institute of Social and Economic Research which provides many free reprints and publications has a well developed publication and mailing list system. There are few other outlets for population literature, though some are sold locally as in a university bookstore.

University Sociology and Geography Department libraries, for example, do not receive the reports of population centres unless published in journals to which they subscribe. As far as is known, the different centres do not have reciprocal agreements to send their publications and reports unless on a personal basis. These reports are thought not to be available even to the Family Planning Council of Nigeria. While the Institute of Population and Manpower Studies has published books on its research programme and conferences, they are not available in sufficiently large supply to be used by professionals and students in the population field. The Human Resources Research Unit has also published a series of Bulletins and Research Monographs on its projects, with limited distribution. The Unit has tried to improve publicity for research by reviews in local newspapers.

To do this evaluation the reviewers travelled several times to different universities. Even in the same institution, some researchers were not fully aware of population-related studies in other departments.

### CHAPTER III: RESEARCH METHODOLOGY

#### National surveys

Various populations were studied in these research projects. There have been three national surveys. The Federal Office of Statistics' Rural Demographic Sample Survey (55), originally planned to be supplemented with an urban demographic study, was a three-round survey of 204 village areas stratified by agricultural characteristics, spread throughout the different regions in proportion to the population. Full enumeration of the sample units was done and all vital events were recorded after six and 12 months. The second round in 1965 was discontinued because of political events but in 1966 the third round was carried out. Basic demographic information was collected in each round as well as information for other planning purposes. There were 337,520 people enumerated in the first round of the 191 sample units that could be analysed and the data collected about them was compared with the third round figures. Because of difficulties in completing the second round and variability of data, particularly on fertility, the usefulness of the survey is limited.

The other two national studies were Caldwell and Igun's KAP Survey (21) and the National Fertility, Family and Family Planning Survey (1-2,26-28,30). Although the former covered only selected areas in the southwestern and northern areas of Nigeria, it had a large sample of 4,400 males and 4,400 females, and a sophisticated multi-stage sampling plan, stratified by rural-urban residence, agricultural type and socio-economic level. The twenty-two sample areas were divided into blocks; for each sex an independent random selection of blocks was made and a quota sample was taken of residents over 15 years of age.

Caldwell and Igun used a shortened KAP questionnaire and their analysis was limited to cross-tabulations. The National Fertility, Family and Family Planning Survey was a much more ambitious undertaking, using the conventional KAP questionnaire and a random sample of the total population with an estimated final sample size of nearly



9,000 households interviewed. Their multi-stage sampling plan stratified the country by cities over 100,000 and state capitals, towns over 20,000, and rural areas; the number of sampling units chosen for each area was calculated by different sampling fractions and households were chosen systematically. Little data from the survey has yet been published. The Institute of Population and Manpower Studies University of Ife had planned a comprehensive evaluation of quality of data including the computation of the vital rates on a state-wide basis.

#### Rural surveys

Nicol (59) computed vital rates for six villages in the Northern States, selected to represent different agricultural areas. The food consumption survey accompanying the demographic survey did a complete coverage of the village. Olusanya's Migration Survey (78) using five villages in the Western State also used a geographical-agricultural criterion for selection. He covered each village and interviewed 689 currently married women about their reproductive history on one of three questionnaire schedules. From the fertility data he computed rates, and made cross-tabular analyses.

The Ishan Rural Family Planning Evaluation Project (1-2,26-28,30), an evaluation study of the impact of family planning clinics in a rural population, could be included in this category. The total population was around 65,000 currently married women in Ishan Division of the Mid-Western State. In this four-round study respondents were interviewed using a modified KAP questionnaire.

Sample sizes for the four successive rounds were 5,278, 5,183 and 1,500 each for the third and fourth rounds. A multi-stage sampling plan stratified by clan and urban-rural residence was used with a quota system for selecting respondents. The analysis of the first two rounds was confined to frequency distributions, cross-tabulations and means, but the final report is expected to be more extensive.

### Lagos surveys

The most numerous studies have been of urban areas, particularly Lagos, but also Ibadan, Ife, Oyo, and Sokoto. Ohadike's Lagos City survey (63-65) used a random sampling plan selecting one out of 32 households. Trained interviewers from the Federal Office of Statistics interviewed 596 currently married women. His analysis included computation of means, cross-tabulations, correlational analysis, and cohort analysis. Daramola and Wright et.al. (23), while including a sub-sample (73) from Katsina and Malumfashi in the North Central State, worked predominantly in Lagos with one random sample of 642 mothers in Surulere, a section of Lagos, and two probability samples of mothers attending the Institute of Child Health Programme (125) and Surulere Health Centre (121). A formal interview was administered to the mothers. Only frequency distributions have been calculated. Morgan's Lagos Family Health Project (47-51), a three-round survey, was the most comprehensive done in Lagos. Using the 1963 census as the frame to reflect the population densities of different sections of the city, he selected 30 sample blocks in a random-systematic fashion. A full enumeration of each block was done for each round. During each round sub-studies on different health problems were undertaken, including a KAP study of 729 women between 15-49 years randomly selected from the 30 sample blocks. For comparison he made another sub-study using clinic record cards of 7,365 family planning patients from 1958 to 1968. His analysis included frequency distributions, chi-square analysis rates and ratios and a correction factor for births and pregnancies.

The Human Resources Research Unit has done two recent surveys. Lucas (42), studying Occupation, Marriage and Fertility among Lagos Women, interviewed 1,600 women aged 15-49. He used a 1973 estimate of Lagos to calculate the proportional representation for each district and randomly selected 40 points throughout Lagos on a district basis. Each point was the beginning of an interviewer's route and a systematic quota sample was used to select respondents. Research Project No. 2, Population, Employment and Living Conditions in Lagos (34), sampled 2,515 households with a population of 19,709. This was about 1.5 per cent sample

size. Of 3,459 persons interviewed, 2,188 were employed and the remaining 1,271 unemployed.

#### Ibadan, Ife and Oyo surveys

Ibadan has had two major published surveys in the 1960's. Okediji sampled three social areas, interviewing 700 currently married women about general family background, vital data, and KAP information. His analysis included frequency distributions, means, and cross-tabulations. Olusanya's Ibadan study (74) began as a pre-test for a larger study but expanded to a complete enumeration of two sub-communities; 263 currently married women were interviewed; marital data, fertility and family planning attitudes and practice were analysed. Olusanya's study of Ife and Oyo (75,79-84) consisted of an area probability sample of 2,484 and 2,160 currently married women in these towns respectively. His analysis was very comprehensive, including frequency distributions, means, cohort analysis, chi square tests, rates, and the Brass technique for fertility analysis. Caldwell, Ware and Okediji completed three major surveys in Ibadan and Western Nigeria connected with the Changing African Family Project.

#### Sokoto study

Studies of cities outside the Western State and Lagos are few. This is because much of Nigeria's demographic expertise is concentrated at the Universities of Ife, Ibadan and Lagos which are all located in the same geo-cultural area. Their proximity lessens the likelihood of researchers based in these institutions carrying out studies over a wide geographical area. While a KAP study of Zaria was done in 1972-73, no analysis of data has been published. Migration surveys of Zaria, Kano, Ibadan, and Benin have been completed during the summer of 1973-74, and these studies should include important information on vital rates and fertility. A very different type of study, however, has been done in Sokoto by Trevor (88) with a quota sample of 100 educated women whom she had taught some years previously and a control sample of 67 uneducated

women. She also interviewed 96 husbands of these two groups of women. Using participant-observation and interview questionnaires to elicit data on family life and family planning she lived among her respondents for a short time as well as interviewing them.

Besides obtaining considerable information about the family life of Fulani-Hausa women, Trevor made valuable observations on standard interviewing techniques. She found that household data given by the male head of household was sometimes less accurate than data from wives. Data on births was affected by taboos on a mother mentioning her first child and by confusion between mothering and fostering; verification by other members of the family was sometimes necessary. The distinction between biological and sociological meanings and concepts of 'mother' was also found by Mott (52-53).

#### Clinic-based studies

The Institute of Population and Manpower Studies (2) randomly sampled 2,223 currently married women using attendance records of 30 Family Planning Council of Nigeria clinics. These interviews were mainly concerned with socio-economic and demographic data on family planning acceptors. Frequency distributions, cross-tabular analysis, means, and comparisons with the 1963 census were computed. Both Hartfield (32-33) and Akinla (12) analysed IUD patient clinic records. Hartfield analysed medical and social characteristics of the first 400 acceptors starting in 1965 of Lippes loops inserted at a provincial hospital in Ilesha and at a clinic in Imesi. Akinla analysed all the 1,147 acceptors of IUDs during a two-year period in Lagos University Teaching Hospital. Frequency distribution was the main type of analysis. Akingba and Gbajumo (11), and Akinla and Adadevoh (16) have investigated abortion patients at the same hospital. The former analysed 155 clinic records of patients out of a universe of 700, while the latter used an availability sample of 158 out of 565. Findings were presented mainly in the form of frequency distributions.

The Gbaja Family Health Nurses' Project was studied in ,

1970 by Wellman (89) with a systematic random sample of daily patients at the project clinic (300 mothers) and at a Ministry of Health Clinic (315 mothers). A standard KAP questionnaire was administered to the mothers and frequency distributions were computed. In 1972 a "qualified" random sample of patient cards was taken and the mother or guardian named on every fourth card was interviewed giving a total 453 informants (36).

### Psychological

Two psychologically-oriented research projects were the Lambo and Bakare study (18-19,38) and the evaluation study of the film "My Brother's Children" by Okediji and Ogionwo (73). The former sampled 300 couples, 100 from three different types of communities - a traditional rural one, a working class residential area, and a westernized urban community, all in Western State, near Ibadan. Seventy-five randomly chosen couples were studied, using seven instruments ranging from schedules eliciting information on anxiety, family ideology, marital adjustment, attitudes towards having children and attitudes towards family planning, to projective pictures to test for unconscious individual or family-related motives. The instruments were pre-tested and the interviewers had experience of interviewing both normal and psychiatric populations. Scales and a correlation matrix were constructed. Okediji and Ogionwo had a before-and-after design with one control group. They sampled 300 persons 15 years and above out of 7,452 in Lalupon, the control village, and 50 persons out of 658 in Omin-Adio, the experimental village, both in Western State. The villages were stratified by wards according to age, sex, education and marital status, and proportional sampling was used. Frequency distributions and cross-tabulations were done and change scores were computed.

### Evaluation of methodology

Examination of research methodology was hindered by the inability of reviewers to get all relevant project reports, delay in publishing fully documented reports, and lack of documentation on sampling methodology, data collection, pre-testing, training of interviewers, language

and coding problems, and instrument construction. There were notable exceptions however.

The Institute of Population and Manpower Studies has shown great initiative in the publication of methodology. Morgan and Kannisto's report (50) of the Lagos Family Health Survey fully detailed their block sampling method by random selection and advanced it as the most suitable for sample surveys in developing areas. Okediji's reports (67-72) on his Ibadan study, gave information about pre-tests, training of interviewers, assessment of instrument, and details of response rates for the survey. The most rigorous analysis is found in Morgan and Kannisto's report, Olusanya's Ife-Oyó Study (75), Ohadike's Study (63) and Ekanem's (26). A competent analysis was done for the Socio-Economic Survey of Family Planning Clinic Patients by the Institute of Population and Manpower Studies. Trevor's (88) methodology in matched respondents and her data collection by participant observation pointed out some of the pitfalls in the sample survey method which particularly affect research into population and family planning in Nigeria. Table II summarizes the research methods of these studies.

## CHAPTER IV: ANALYSIS OF FINDINGS

### Demographic Statistics

The rates computed from the surveys under review indicate that fertility in Nigeria is high, ranging from a crude birth rate of 41 to 56 per 1,000. The mortality figures are quite low, ranging from 12.4 to 19. Mortality rates based on the 1952-53 and 1963 censuses and the Rural Demographic Sample Survey seem higher - 28.4, 21.4 and 26.9 per thousand respectively. While it would be difficult to generalize about mortality trends, fertility rates seem to have remained fairly constant at a high level. With such high fertility rates and a possible decline in mortality a rate of natural increase of 3 per cent per annum might be a reasonable estimate. Table III summarizes some of these rates.

### Fertility and Urbanization

There is evidence to suggest that processes associated with modernization and urbanization may have caused some increase in fertility. Olusanya's rural migration data, his Ife-Oyo study, and Morgan's Lagos study point this out. Ekanem (26) found a differential in urban and rural fertility in the East Central State, where total fertility for the urban sample was 6,700 per 1,000 women compared to a rural sample rate of 6,285. He hypothesized that this was due to a pseudo-urbanization process whereby large segments of essentially rural residents had high fertility in the urban area. The findings of Morgan and Lucas in Lagos substantiated this proposition. Morgan (50) found a very high level of fertility among the rural migrant population in comparison to the urban. Lucas (42) implied an equalization of the sex ratio in Lagos where wives had joined husbands presumably leading to increased birth rate.

Olusanya and Ekanem suggested that the breakdown of traditional customs and practices in urban areas would increase fertility. The breaking of the abstention taboo, a more limited breastfeeding period in combination with

bottle feeding and early weaning might shorten pregnancy intervals. The higher level of polygamy in rural areas might also decrease fertility. Olusanya proposed that the progressive reduction of pregnancy wastage with better medical care in urban and some rural areas might be a main factor. Morgan estimated an average of 5.7 surviving children and 1.6 children lost (foetal and child mortality) per mother in Lagos, while in rural Nigeria 3.5 children survive and 2.1 children are lost on average. The average family size in Lagos would then be about seven children compared to slightly less than six in the rural area.

### Fertility and Education

Though education is considered a prime force in modernization, educated mothers do not necessarily have fewer children as in Europe and America. Olusanya (Ibadan) found that educated wives had an "average size family somewhat more than that of the uneducated and largely custom-oriented ones. An explanation was found in the relatively more rapid family-building among the educated wives." (74,p.372). His results were substantiated in some other studies, the most illuminating being that by Trevor of the Fulani-Hausa women in Sokoto. She found educated mothers had an average of 2.39 children per women while uneducated women had about 1.5 children. She believed this was due to less stable marriages among uneducated women with more time spent outside a marital relationship, pregnancy injuries due to very early marriage and child-bearing, and stricter adherence to abstinence taboos.

Ohadike and Okediji disagreed with the positive relationship between education and fertility. Lucas on the other hand, believed that the lower fertility of the uneducated women was due to some of the factors producing lower rural fertility, namely, prolonged breastfeeding and poor health and nutrition. Educated women having thrown off some of the cultural proscriptions connected with child rearing, increased their number of children.

Higher fertility of educated women was not to be expected from the studies under review, education having been positively associated with attitudes favouring smaller



families, awareness of disadvantages of large families and advantages of small families, and knowledge of contraception. Olusanya believed the main reason to be lack of a small family norm. "Lack of social support for a particular innovation tends to discourage those who, by virtue of their education, have been quick in recognizing its advantages." (74,p.374). This is partially supported by some evidence from Okediji and Ogionwo, and from Lambo and Bakare. Absence of a small family norm, Olusanya believed, put guilt and pressure on the potential innovator, since sex and reproduction are only talked about between husband and wife when absolutely necessary; there may even be some guilt in the public purchasing of contraceptives, since it implies immoral behaviour in a society that places heavy emphasis on large families.

The findings on fertility and urbanization and education differentials are subject to some criticism. Few researchers have done significance tests on the rural-urban fertility differences, an omission which may lead them to interpret very minor differences in fertility as major patterns. Differences in fertility level may be less important than the very high rates in both urban and rural areas. Measures used to analyse fertility may not always be comparable. In some studies number of children ever born have been used, while in others, number of living children, average family size, and completed family size have been computed as fertility measures. The latter, however, are not the most appropriate since they include a mortality component which confounds the measure. The causes of fertility differentials, when considering the supposed effects of urbanization and education, have never been fully investigated or quantified although researchers have proposed various explanations. One interpretation is that apparent fertility differentials may be the result of systematic under-reporting, whereby less educated women predominately located in rural areas do not report births as accurately as better educated, urban women. However, child birth is a very important event in Nigeria, as much to rural as to urban women. The differential may be due not to under-reporting or recall lapse but to pregnancy wastage which is greater in rural than in urban areas.

## CHAPTER V: FERTILITY AND FAMILY PLANNING

The studies identify some characteristics of women who practise family planning with or without clinic services. They may be summarized as follows:

- (1) Family planning clients fall into three different categories: sub-fertility clients who generally come to the clinic soon after marriage, women in the middle or later years of marriage who have had the desired number of children or more (the largest group), and younger, better educated mothers who have two or three children and wish to stop or to plan any further births.
- (2) A large proportion of clinic clients are from lower income groups with little education, while many better educated women with higher socio-economic status seek private advice and service.
- (3) The Institute of Population and Manpower Studies' survey showed that 72.9 per cent of all Nigerian females were economically active compared to 39.7 per cent of urban females and 26.8 per cent of all Nigerian females. Occupations that keep women out of the home, particularly professional, administrative and clerical occupations, are over-represented among clinic patients. Sixty-three per cent of clients' husbands were also in the professional and clerical fields.
- (4) While the majority of women said they sought advice so as to space their children or rest from child-bearing, it was felt by investigators of the Institute study and supported by Hartfield that the underlying motivation was the economic burden, particularly of educating additional children.
- (5) Sources of family planning information most often mentioned by clinic patients in the Institute study were social workers and friends. Mass media was the source for only 2 per cent. Hartfield

found that 63 per cent of his clients learned of the services directly or indirectly from the hospital and its workers. A wife rarely informed co-wives about family planning.

- (6) The film, "My Brother's Children", did not significantly increase knowledge or acceptance towards family planning among the rural population where it was tested. However, with a more educated audience it might have been much more successful.
- (7) Clinics with free services and those with family planning motivators in other clinics or in the community had higher attendance figures. Hartfield however felt that a fee for IUD insertion was not an inhibitor, nor was lack of education. His findings may be due to the characteristics of acceptors at his clinic — older women with higher parity who wanted to stop having children and regarded the IUD charge as an investment.
- (8) Family Planning and Child Health education programmes within health clinics have increased clients' knowledge and favourable attitudes towards family planning as well as other health-related subjects.
- (9) Family Planning Council-supported clinics needed capital improvements rather than personnel, and staffing did not seem the most urgent need. "Twelve of 23 responding clinics considered that service could be extended by increasing the number and size of clinics, while only five held that improvement of service was necessary." (2,p.40)
- (10) Large numbers of the rural population are fatalistically ready to accept large families. While knowledge and practice of family planning may be spreading throughout Nigeria as Caldwell and Igun have suggested, the question remains how to reach this traditional rural population, how to give family planning information, and extend maternal and child health care.

Some implications for programme strategy may be derived from the survey findings:

1. Education for upper primary and secondary school children is indicated. High fertility levels in Nigeria may be partly due to the breakdown of traditional customs and practices by education and modernization and to improved health services. If so, school-leavers should be equipped with information on good family health practices including family spacing before they start their own families.
2. Some target acceptor groups can be identified.
  - (a) Migrant groups in the large cities. They tend to be more innovative and to disseminate information when they return to their villages.
  - (b) Women attending maternal child care, ante-natal and hospital clinics.
  - (c) Professional groups such as social workers, teachers, home economists.
  - (d) Economically active women particularly in professional and clerical occupations and professional men.
  - (c) Women seeking abortion. These are a major problem in Lagos. It is difficult to assess the frequency of abortion on a national scale owing to lack of community-based studies, and surveys of other hospitals and cities in Nigeria.
3. Family planning training and orientation would be appropriate for all types of medical workers.
  - (a) Medical, paramedical and all auxiliary workers in medical establishments. The former may give professional advice on family planning; the latter live in the community and many are influential in medical matters with their neighbours.

- (b) Community "medical practitioners" such as the separatist prophets of Christian sects in most major cities, and midwives in both rural and urban areas.

## SUMMARY

The review was intended to find out how social science findings might be utilized for programme strategy or as a basis for future research. It also raised problems of procedure and methodology. Delay in processing data and lack of communication led to under-utilization of findings; variations in sample and interview methods and in fertility measures limited comparison between surveys.

The importance of planning with adequate time for analysis of findings and proper training for survey personnel became apparent from the results of the studies reviewed.

Among the findings higher fertility and completed family size was associated with modernization. The relationship between fertility and women's education was not clear and appeared to be affected by other economic and cultural factors.

The economic burden of educating children, and opportunities for women to work outside the home, were pinpointed as motivating forces in family planning acceptance. For programme planning purposes, some groups - notably school-leavers and urban immigrants - were suggested for special attention, in addition to conventional family planning target groups. Psychological aspects and the appropriateness of audio-visual materials for specific audiences were stressed. The problem of reaching rural populations with traditional attitudes towards high fertility remains unsolved.

Table I

## Types of Study under Review

Study and Date	Disciplin- ary Emphasis	Study Area	Research Institution	Financing or Execu- ting Agency	Bibliography Reference Number
Nicol (1954-58)	1, 5	North and East States	Federal Medi- cal Dept		59
Ohadike (1964)	1, 3	Lagos City			63-65
Okediji (1966)	3, 2, 1	Ibadan	NISER	Rockefeller NISER	67-72
Olusanya : Ibadan (1969)	1, 3, 2	Ibadan	NISER	NISER	74
Olusanya : Ife- Oyo (1966)	1, 3, 2	Ife and Oyo	NISER	NISER	75, 79-84
Olusanya : Rural Migration (1967)	1, 9	Western State	NISER	NISER	78, 80, 85
Rural Demographic Sample Survey (1965-66)	1, 9	Nation- wide	FOS	Nigerian Government	55
Daramola and Wright (1964)	2	Lagos & North Central State	Community Health Dept. LU	PC	23
Caldwell and Igun (1969)	2	Lagos, Western, Kwara & Kano	IPMS, Ife	PC	21
Ishan Rural Family Planning Evaluation Project (1969-71)	2, 9	Mid-West State	IPMS, Ife	PC	2, 6, 17, 29, 35
Fertility, Family, & Family Planning Survey (1971-73)	1, 2, 3	Nation- wide	IPMS, Ife	PC	1-2, 26-28 30
Socio-Economic Survey of Women Seeking Advice on Family Planning (1970)	2, 3	Nation- wide; though mainly West & Lagos States	IPMS, Ife	PC	2
Survey of Family Planning Clinics (1970)		as above	IPMS, Ife	PC	2
Hartfield (1965-68)	4, 5	Western State	Wesley Guild Hosp. Ilasha	IPPF	32-33
Akinla (1966)	4	Lagos	LUTH	PPCN	12
Akingba and Gba- jumo (1963-67)	5, 4	Lagos	Dept. Ob. & Gyn. LUTH	PPCN	11
Akinla and Ada- devoh (1963-67)	5	Lagos	LUTH	WHO	16

Table I (continued)

Types of Study under Review

Study and Date	Disciplin- ary Emphasis	Study Area	Research Institution	Financing or Execu- ting Agency	Bibliography Reference Number
Gbaja Family Health Nurses' Project (1967-72)	2, 5	Lagos	Community Health, LUTH & Johns Hopkins	US AID	36, 89
Lagos Family Health Project (1967-68) (Morgan)	9, 1, 2, 5	Lagos	Community Health, LUTH	Ford; IPPF; L.U. Med. College	47-51
Sokoto Family Health Project (1973)	9, 1, 2, 5	Sokoto, N.W.State	Inst. of Child Health, LU	Fed.Govern- ment, Path- finder	86
Trevor (1971)	3	Sokoto	Exeter UK & ABU	Carnegie; Ford; PC	88
Lambo and Bakare (1971)	8	Western State	BSRU, UI		18-19, 38
Okediji and Ogionwo (1971)	7, 8	Western State	Sociology UI	IPPF; FPCN	73
Lucas (1973)	1, 9	Lagos	HRRU, LU	PC	42
HRRU Research Project 2: Population, Employment & Living Conditions in Lagos (1972)	9, 6	Lagos	HRRU, LU	PC	34

Codes

- 1 Fertility
- 2 KAP
- 3 Sociology
- 4 Medical (Clinical)
- 5 Medical Sociology
- 6 Economics
- 7 Population Education
- 8 Psychology
- 9 General demographic  
orientation

Abbreviations

- ABU = Ahmadu Bello University  
BSRU = Behavioural Sciences Research Unit, UI  
FOS = Federal Office of Statistics  
FPCN = Family Planning Council of Nigeria  
HRRU = Human Resources Research Unit  
IPMS\* = Institute of Population and Manpower  
Studies, University of Ife  
LU = Lagos University  
LUTH = Lagos University Teaching Hospital  
NISER = Nigerian Institute of Social and  
Economic Research, UI  
PC = The Population Council, New York  
UI = University of Ibadan

\*Department of Demography and Social Statistics since 1975.



Table II Research Methods

<u>Projects</u>	<u>Population</u>	<u>Sample Size</u>	<u>Sample Plan</u>	<u>Data Collection</u>	<u>Evaluation</u>
Rural Demographic Sample Survey	Rural population	1st round 337,520	3-round survey of 204 villages selected on basis of '63 census, stratified by agricultural characteristics; enumeration of all households in villages	Basic demographic data by formal census-type questionnaire	Vital rates; life table
Caldwell and Igun	Men over 15 yrs. Women over 15 yrs.	4,200 4,200	Multi-stage; stratified random sample of 22 areas; quota sample for respondents	Formal interview; 23 KAP questions	Cross-tabulation
Fertility, Family and Family Planning Survey	Currently married women below 50 yrs. & husbands	Western 3,013 h'hold Eastern 1,731 h'hold Northern 4,300 h'hold	Multi-stage; stratified random sample of cities, towns, rural; systematic selection of households; no. of respondents not yet known	Formal interview; 3 KAP questionnaires for h'holds & couples	Not yet fully evaluated
Nicol	Northern Nigeria (rural)	594	Full enumeration of 6 villages in probability sample	Food consumption and demographic questionnaire	Vital rates: ratios
Olusanya's Rural Migration Study	Ever married Women	689	Total coverage of 5 villages; probability sample in Western State	Formal interview; 3 questionnaires for household head & women ever-married	Cross-tabulation
Ishan Rural Family Planning Evaluation Project	Currently married women 15-44 yrs.	Rounds 1st 5,278 2nd 5,183 3rd 1,500 4th 1,500	Multi-stage; stratified selection of clans; quota sample for respondents; Sample plan same for first 2 rounds, but altered for last 2	Formal interview; KAP & fertility questionnaire	Frequencies; cross-tabulation, means, no final report yet

Table II Research Methods (continued)

<u>Projects</u>	<u>Population</u>	<u>Sample Size</u>	<u>Sample Plan</u>	<u>Data Collection</u>	<u>Evaluation</u>
Ohadike	Currently married women	596	Random Sample	Formal inter-view	Frequencies; cross-tabulations; means
Daramola	Mothers in Surulere Lagos Mothers attending health clinics	642 319	One random sample; three probability samples	Formal inter-view; KAP questions	Frequencies
Morgan (Lagos Family Health Project)	Population of Lagos  Married Women 15-49 years	Rounds 1st 13,141 2nd 12,886 3rd 13,026	Multi-stage; random cluster sample 3 rounds; full population enumeration; sub-samples drawn randomly from 30 sample blocks	Formal inter-views, household data, health statistics  KAP sub-study	Frequencies; chi square; correction factors; vital rates
NHRU Research Project 2: Population, Employment & Living Conditions in Lagos	Population of Lagos	19,709 (2,515 h'holds)	Final report will include this information; special sample drawn of employed and unemployed (N=3,459)	Formal inter-view	Frequencies
Lucas	Females 15-49 in Lagos	1,600	Multi-stage; random selection of areas; systematic quota sample for respondents	Formal inter-view	Frequencies; means
Okediji	Currently married women	700	Social area sampling; availability sample for respondents	Formal inter-view	Frequencies; cross-tabulations
Olusanya	Currently married women	263	Total coverage of two sub-communities	Formal inter-view	Frequencies; cross-tabulations

Table 11 Research Methods (continued)

Projects	Population	Sample Size	Sample Plan	Data Collection	Evaluation
Olusanya	Currently married women	Ife 2,484 Oyo 2,160	Area probability sample; towns divided into 4 primary segments of equal population size; each then divided into 10 segments, from which one was randomly chosen	Formal interview	Frequencies; rates; chi-square; cohort analysis; Brass techniques
Trevor	Fulani-Hausa women 24-30 & 40-44 yrs. and husbands	100 educated married women, 67 uneducated married women, 96 husbands of these women	Matched sample	Participant observation; interviews	Frequencies; cross-tabulations
Socio-Economic Survey of Women Seeking Advice on Family Planning	Women 15-50 yrs. attending FP clinics	2,223	Random sample of 30 clinics supported by FPCN	Formal interview	Frequencies; cross-tabulations
Hartfield	Women using Lippees loops	400	Availability sample	Evaluation of clinic records & follow-up	Frequencies; means; rates
Akinla	IUCD Acceptors	1,147	Full coverage of cases over 2 year period at LUTH	Evaluation of clinic records	Frequencies
Akingba & Gbajumo	Abortion patients 12-20 yrs. (700)	155	No data on how 155 patients were drawn from 700 abortion patients admitted to LUTH 1963-67	Evaluation of clinic records	Frequencies; histogram
Akinla & Adadevoh	Abortion patients (656)	158	Availability sample from LUTH	Evaluation of clinic records	Age breakdown
Gbaja Family Health Clinic 1967-70	Mothers attending Lagos clinic	615	Systematic random sample	Formal interview; KAP questionnaire	Frequencies
Gbaja Family Health Clinic 1971-72	Mothers at GFH Clinic	453	Systematic random sample	Formal interview	Frequencies
Lambo & Bakare	Married couples in Western State	300	Availability sample of 3 villages; no data on sampling of respondents	7 instruments used; formal int.	Scales; correlation matrix
Okediji & Ogionwo	Pop. 15 yrs. & above	350	Stratified proportional random sample of two villages	Census; pre & post formal interviews	Frequencies; cross-tabulations % change

Table III Vital Rates Given in Selected Research Projects

<u>Project and reference number</u>	<u>Crude Birth Rate per 1,000</u>	<u>Crude Death Rate per 1,000</u>	<u>Rate of Natural Increase (%)</u>	<u>Gross Reproduction Rate</u>	<u>General Fertility Rate per 1,000</u>	<u>Total Fertility Rate per 1,000</u>	<u>Infant Mortality Rate per 1,000</u>
Nicol (59)	56			2.57	205		292
Olusanya (80,p.368) Ife	45			2.87	166.9	5,842	
Oyo	41			2.60	166.2	5,277	
Olusanya Rural Migration (78,p.51)	46.3	15.0	3.13	2.83	201.1	5,742	113.9
Lagos Family Health project (Lagos) (50)	52.9	12.4	4.05				109.2
Fertility, Family and Family Planning Survey 1-2, 26-28,30 Ekanem's analysis of East Central State (26) IPMS analysis of South- western Nigeria (30)	50			3.2	200	6,500 7,200 (adjusted)	
	52	19	3.3			6,200	
Nigerian Estimate from 1952 Census (78,p153)	50.1	28.4	2.17				
Nigerian Estimate from 1963 Census (78,p.153)	51.4	21.4	3.0				
Rural Demographic Sample Survey 1965-66 (55)	50.2	26.9	2.33	2.7		5,600	178

## HISTORY OF POPULATION RESEARCH IN NIGERIA

The forces which have contributed to the promotion of population and family planning research in Nigeria may be classified in three ways: the need for basic demographic data for social and economic planning, the concern of physicians about infant and maternal welfare, and the promotion of family planning and population policies by various international bodies.

The colonial government had undertaken censuses in 1911, 1921, 1931 (even earlier in Lagos) and in 1952-53 a complete national census provided a basis for assessing population growth and socio-economic planning.

In 1954-1958, Nicol (54), from the then Federal Medical Department, undertook a demographic and food consumption study, including fertility levels, in six representative areas of the Northern Region. The statistics from this study, analyses of the 1952-53 census and some supplementary data from other studies (31), gave basic information on the population of the 1950s.

With independence in 1960 one of the new government's first tasks was to carry out a national census in 1962 and 1963. The first important sample survey concerned with fertility was done in Lagos in 1964 by Ohadike (63-65), at the Nigerian Institute of Social and Economic Research (NISER). In the same year, the first family planning (KAP) survey was done through the Department of Community Health of the new University of Lagos Medical School (23). This was followed in 1965-66 by fertility studies done by F.O. Okediji (67-72) in the Sociology department of the University of Ibadan and by Olusanya (75,79-84) at NISER.

Some major demographic studies were initiated at the University of Ibadan Centre for Population Studies. The University was the venue for the First African Population Conference in 1966, at which the results of Ohadike and the first KAP survey were presented, as well

as important papers based on the recent census by Duru, Okonjo, Udo, Yesufu, and Ogunlesi, and papers on migration, population density and distribution by Prothero, Agboola, Mortimore Dema, G.J.A. Ojo, and Ejiogu. They were subsequently published in The Population of Tropical Africa edited by Caldwell and Okonjo (22).

Olusanya carried out two further studies - on fertility and education in Ibadan (74), and on rural migration (78,80,85). Lambo and Bakare (18-19,38) investigated some psychological factors of fertility, while the medical faculty focused on the medical aspects of fertility and contraception. The Changing African Family Project includes three family limitation-oriented surveys (20). The Economics Department carried out an extensive migration study.

In 1969, the University of Ife established a Demographic Research and Training Unit, now the Institute of Population and Manpower Studies, which has carried out numerous surveys on fertility and family planning and other demographic investigations. The Caldwell and Igun family planning survey in 1969 (21), the Survey of Family Planning Clients in 1970 (2), and the four-round evaluation study of the Ishan Family Planning Programme 1969-72 (2,6,17,29,35) helped to prepare for the National Fertility, Family and Family Planning Survey carried out in 1971-74 in co-operation with Ahmadu Bello University and the University of Nigeria (1-2,26-28,30). Three major Nigerian Conferences have also been hosted by the Institute - the Symposium on the Technical and Practical Problems in the Collection of Demographic Statistics for Reconstruction and Development in Nigeria (1970), the Seminar on Population Problems and Policy in Nigeria (1971) and the Seminar on Internal Migration in Nigeria (1975).

At the University of Lagos, the Human Resources Research Unit has done four major research projects in Lagos: the Socio-Economic Determinants of Fertility, Family Size and Labour Force (42), the Cost of Raising Children; Population, Employment and Living Conditions

(34), and a Survey of Women's Occupations. The Department of Community Health has been involved in creating the Family Health concept of medical care, integrating social science research and the provision of education and services for the family, particularly in maternal and child care and family planning. The Gbaja Family Health Project evaluation (36,89), and the Lagos Family Health Project three-round survey have been their major projects since the late 1960s (47-51). The Family Health system has received Government funds and is being extended on a demonstration basis to other cities, the first being Sokoto, under the sponsorship of the Institute of Child Health, Lagos University (86). Some abortion research has also been done in Lagos by Akinla (13-16), Akingba (9-11), Gbajumo (11), Adadevoh (16), and Lakeru (37).

While universities have been the major setting for research, other institutions have also contributed. The Federal Office of Statistics Rural Demographic Sample Survey 1965-66 (35) provided vital rates and other demographic information for rural Nigeria. The Lagos Ministry of Works and Planning made a social survey of Surulere, partly to assess population factors for planning. Other planning projects in Kano and Kaduna have provided the same type of data (41,87). The Family Planning Council of Nigeria, which provides funds for most of the family planning services, produces yearly reports on clinic attendance, and has a Research and Evaluation Department. A family planning film was evaluated under its sponsorship (73), and another study on ways of convincing men about the benefits of family planning is expected to start shortly.

The 1973 census was cancelled by the government. 1963 census figures are used for all purposes.

## Appendix B

### FINANCE FOR POPULATION RESEARCH IN NIGERIA

Population research in Nigeria is financed largely by international funds from the International Planned Parenthood Federation, the United States Agency for International Development, the United Nations Fund for Population Activities, the Population Council, the Pathfinder Fund, the Ford Foundation and the Rockefeller Foundation. IPPF has contributed over \$2.5m, mainly in support of the FPCN; its grant to FPCN in 1974 was approximately \$600,000. UNFPA has contributed substantial funds for population programmes and consultants. USAID's total commitment of funds to population activities in Nigeria in the fiscal year 1973 exceeded \$2m, much of it channelled through other institutions into the Family Health Training Project (about \$830,000 during the fiscal year 1973), Population Council research, training and material support programmes in demography, census and family planning, with a large grant of \$134,000 to the University of Michigan for a study of internal migration. The Population Council established centres for research and training at most of the Nigerian universities, spending over \$2.5m, including USAID project funds, as of September 1974; the Ford Foundation has contributed to health and family planning services and demographic research, including \$430,000 to the University of Lagos Teaching Hospital, funds for travel, fellowships and research. The Rockefeller Foundation provided \$59,300 for family planning research at the University of Ibadan, and the Pathfinder Fund has also contributed funds for research and family planning.



## Appendix C

RECENT RESEARCH PROJECTS OF DIRECT RELEVANCE TO  
THE STUDY OF POPULATION AND FAMILY PLANNING

The table below lists research projects directly relevant to the study of population and family planning research, but not included in the report. Some have only just been undertaken or completed, so that published data are still scarce.

<u>Project</u>	<u>Main Researcher</u>	<u>Research Institution</u>
Western State Rural Survey (1974)	Dr. Frank M. ...	Human Resources Research Unit, University of Lagos
Ebendo Village Study (1973)	Dr. Frank M. ...	Human Resources Research Unit, University of Lagos
Survey of Student Ideas About their Future (1973-74)	Dr. Frank M. ...	Department of Sociology, University of Lagos
Socio-Economic Determinants of Fertility, Family Size, and Labour Force (1973)	Dr. ...	Human Resources Research Unit, University of Lagos
Costs of Children Survey (1973)	Dr. ...	Human Resources Research Unit, University of Lagos
Ibibio-Kwale Survey (1971-72)	Dr. ...	Human Resources Research Unit, University of Lagos
Interaction Survey (in suburban Lagos) (1972)	Dr. Margaret ...	Department of Sociology, University of Birmingham, U.K.
Igbo-Ora Infants Perinatal Mortality and Morbidity Survey	Dr. ...	Faculty of Medicine, University of Ibadan
Internal Migration in Nigeria (1973)	Dr. ...	University of Michigan, U.S.A.; Department of Economics, University of Ibadan
The Beginning of Family Limitation (1973)	Prof. ...	Department of Sociology, University of Ibadan. Department of Demography, Australian National Univ., Australia.
The Value of Children (1973)	as above	as above
The Achieved Small Family (1973)	as above	as above
Ilesha Fertility and Family Planning Project	Prof. ...	Department of Sociology, University of Ibadan

<u>Project</u>	<u>Main Researchers</u>	<u>Research Institution</u>
Social Influence on Population Education in Nigeria (Re-evaluation of the film, <u>My Brother's Children</u> )	Prof. F.O. Okediji Dr. W. Ogionwo	Department of Sociology, University of Ibadan
The Social Organization of Family Planning in Nigeria, Special Reference to Lagos and Ibadan	Mr. Joseph Ottong	Department of Sociology, University of Ibadan (presently Mr. Ottong is in the Department of Sociology, Ahmadu Bello University)
Mortality Differentials and Health Facilities	Mr. Israel Orubuloye	Department of Sociology, University of Ibadan
Study of Rural-Urban Migration	Dr. J.A. Adesodu	Department of Demography and Social Statistics, University of Ife
Study of the Role, Function and Demographic Characteristics and Attitudes toward Training in Maternal Child Health and Family Planning of Indigenous Midwives in Southeastern State (1974)	Dr. I.I. Ekanem	Department of Demography and Social Statistics, University of Ife
Survey of Household Structure, Female Employment and Small Family Ideal, Lagos (1973)	Dr. P.O. Oluseye	Department of Sociology, University of Ife
'Migrant Farmers' Survey (1974)	Dr. P.O. Oluseye	Department of Sociology, University of Ife
Zaria Characteristics and Fertility Survey (1972-73)	Dr. A.M. Zikry	Department of Community Medicine, Ahmadu Bello University
Migration Survey of Zaria (1973)	Mr. H. Knoop	Department of Sociology, Ahmadu Bello University (presently Mr. Knoop is UN demographer at CEDOR, C/o UNDP, Bucharest, Romania)
Student Survey on Knowledge of Population and Attitudes toward Family Formation and Family Planning (1974)	Mr. John A. McWilliam	Department of Community Medicine, Ahmadu Bello University

<u>Project</u>	<u>Main Researchers</u>	<u>Research Institution</u>
Urban planning studies of Northeastern State (1973-)	Max Lock and Partners	Max Lock and Partners, London
Disease and Demographic Survey, Pilot Project North Central State (1973-)		United States Department of Health, Education and Welfare, Public Health, Centre for Disease Control, Atlanta, Georgia
Infant and Child Mortality: A Sociological Study (1976)	Dr. C. Ucha	Department of Demography and Social Statistics, University of Ife
The Next Child: Decision-making in a non-contracepting society.	Dr. L.A. Adekun	Department of Demography and Social Statistics, University of Ife

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